Manufacturer Certification Form

First Responder Supplies and Equipment
Bid 27-03-0520

Please complete a separate form for each manufacturer your company is bidding.

Company (Bidder) Name: _____

Please note: This certification form must be completed and signed by an authorized employee of the manufacturer. Dealers or representatives are not authorized to execute this form on the manufacturer's behalf. The manufacturer is required to complete this certification form even when offering its own products. Responses that do not include this required certification form may be deemed non-responsive.

The section below is to be completed by the manufacturer representative.

Manufacturer Name: _____

Address: _____

City, State, Zip: _____

Contact Information of Manufacturer Representative:

Office Phone: _____ Mobile Phone: _____

E-mail: _____

_____ _____

Signature of Manufacturer Representative *Title*

_____ _____

Printed Name of Manufacturer Representative *Date*

This certification attests that the above-referenced vendor/bidder is either the manufacturer or a duly authorized dealer of the manufacturer listed above and is authorized to sell the specified products within the Commonwealth of Virginia.

Note: Signatures must be physical or timestamped.